

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/	/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7	/						57						
8		/					58						
9	/						59						
10	/						60						
11	/						61						
12	/						62						
13	/						63						
14		5					64						
15		5					65						
16	/						66						
17		/					67						
18		/					68						
19	/						69						
20		/					70						
21	/						71						
22	/						72						
23		/					73						
24		/					74						
25		/					75						
26		/					76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	11						TOTAL IND.						
TOTAL DEP.	23						TOTAL DEP.						
TOTAL CLAIMS	34						TOTAL CLAIMS						